

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/359809	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						61		
2		7					52		
3							53		
4							54		
5							55		
6							66		
7							67	1	
8							58	1	
9							59	1	
10							60	1	
11							61	1	
12							62	1	
13							63	1	
14							64	1	
15							65	1	
16							66	1	
17							67	1	
18							68	1	
19							69	1	
20							70	1	
21							71	1	
22							72	16	
23							73	1	
24							74	1	
25							75	1	
26							76	1	
27							77	1	
28							78	1	
29							79	1	
30							80	1	
31							81	1	
32							82	1	
33							83	1	
34							84	1	
35							85	1	
36							86	1	
37							87	1	
38							88	1	
39							89	13	
40							90	12	
41							91	14	
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.	7	
TOTAL DEP.	24						TOTAL DEP.	6	
TOTAL CLAIMS	26						TOTAL CLAIMS	50	
								48	
								54	